

Under the Retirement Reduction Act of 1995, no persons are required

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

<b>Attorney Docket Number</b>	F-5629
<b>First Named Inventor</b>	William H. Cork
<b>COMPLETE IF KNOWN</b>	
<b>Application Number</b>	/
<b>Filing Date</b>	
<b>Group Art Unit</b>	
<b>Examiner Name</b>	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## MEDICAL SYSTEM, METHOD AND APPARATUS EMPLOYING MEMS

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

07/03/2001

as United States Application Number or PCT International

Application Number PCT/US01/21188 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

application on which priority is claimed.		Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
Prior Foreign Application Number(s)	Country		<input type="checkbox"/>	YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number  
or Bar Code Label  OR  Correspondence address below

Name Bradford R. L. Price  
Baxter Healthcare Corporation  
Fenwal Division, RLP-30  
Address P.O. Box 490 - Route 120 & Wilson Road

City Round Lake	State IL	ZIP 60073
-----------------	----------	-----------

Country USA	Telephone (847) 270-2632	Fax (847) 270-2658
-------------	--------------------------	--------------------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) William H.	Family Name or Surname Cork
--	--------------------------------

Inventor's Signature 	Date 9/17/01
--	--------------

Residence: City Lake Bluff	State Illinois	Country USA	Citizenship USA
----------------------------	----------------	-------------	-----------------

Mailing Address 439 W. Sheridan Place

City Lake Bluff	State Illinois	ZIP 60044	Country USA
-----------------	----------------	-----------	-------------

**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) James J.	Family Name or Surname Ulmes
--	---------------------------------

Inventor's Signature 	Date 10/10/01
---	---------------

Residence: City Lake Zurich	State Illinois	Country USA	Citizenship USA
-----------------------------	----------------	-------------	-----------------

Mailing Address 575 Cortland Drive

City Lake Zurich	State Illinois	ZIP 60047	Country USA
------------------	----------------	-----------	-------------

Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Richard L.		West						
Inventor's Signature							Date	10/9/01
Residence: City	Lake Villa	State	Illinois	Country	USA	Citizenship	USA	
Post Office Address	37162 N. Lake Shore Drive							
Post Office Address								
City	Lake Villa	State	Illinois	ZIP	60046	Country	USA	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])		Family Name or Surname						
Ying-Cheng		Lo						
Inventor's Signature							Date	10-02-01
Residence: City	Green Oaks	State	Illinois	Country	USA	Citizenship	USA	
Post Office Address	225 Fox Run Road							
Post Office Address								
City	Green Oaks	State	Illinois	ZIP	60048	Country	USA	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])		Family Name or Surname						
Mark C.		Weber						
Inventor's Signature							Date	9/17/01
Residence: City	Algonquin	State	Illinois	Country	USA	Citizenship	USA	
Post Office Address	800 Birch Street							
Post Office Address								
City	Algonquin	State	Illinois	ZIP	60102	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

### ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Kyungyoон		Family Name or Surname Min		
Inventor's Signature 				Date Dec 10, 2001
Residence: City Gurnee	State IL	Country USA	Citizenship South Korea	
Mailing Address				
Mailing Address 7267 Clem Drive				
City Gurnee	State IL	ZIP 60031	Country USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	ZIP	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	ZIP	Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.